

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



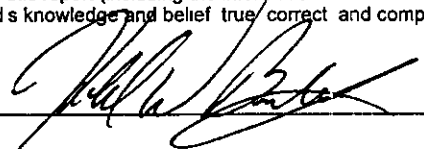
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>3233</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Harold W Bradshaw Jr  P O Box Bldg Room No if any Room 401  Street 1405 N King St  City Honolulu  State Hawaii ZIP Code + 4 96817	4 Name file number and address of labor organization Name Sheet Metal Workers AFL CIO Local Union 293  Labor Organization File Number 038 672  P O Box Building and Room Number if any Room 401  Street 1405 N King St  City Honolulu  State Hawaii ZIP Code + 4 96817
5 Position in labor organization Business Manager / Fin Sec Treas	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest Transaction or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 8/12/2005 Date	808 841 5078 Telephone Number

Name of Person Filing Harold Bradshaw Jr	File Number U
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<p><b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b></p>	
<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name Hawaii Sheet Metal Workers</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 403</p> <p>Street 1405 N King St</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96817</p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name Hawaii Sheet Metal Workers</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 403</p> <p>Street 1405 N King St</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96817</p>	<p><b>11 a Nature of such dealing</b></p> <p>Sit as a trustee on all of the Hawaii Sheet Metal Workers Trust Fund, Pension Annuity Health &amp; Welfare Training Vacation</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>28 dinners/lunches in conjunction with trust fund meetings Expenses incurred for attendance at educational conferences and annual trust meeting Expenses include air fares hotel ground transportation daily expenses</p>
	<p><b>12 b Amount</b> \$11 237</p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer or Consultant ?</b></p>	<p><b>14 b Amount of payment</b></p>

Name of Person Filing Harold Bradshaw Jr

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Boston Partners Asset Managerent</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Pioneer Plaza Suite 905</p> <p>Street 900 Fort St Mall</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96813</p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Hawaii Sheet Metal Workers</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Room 403</p> <p>Street 1405 N King St</p> <p>City Honolulu</p> <p>State Hawaii ZIP Code + 4 96817</p>	<p>11 a Nature of such dealing</p> <p>Boston Partners is a Money Manager on the Hawaii Sheet Metal Workers Trust Funds</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p>Participation in a fund raiser golf event sponsored by Boston Partners Asset Management</p> <p>12 b Amount \$95</p>

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**Part B Continuation Page**

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<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name National Stabilization Agree of the Sht Mtl</p> <p>Trade Name if any SASMI</p> <p>P O Box Bldg Room No if any Suite 400</p> <p>Street 601 North Fairfax St</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p>c Employer</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name National Stabilization Agree of the Sht Mtl</p> <p>Trade Name if any SASMI</p> <p>P O Box Bldg Room No if any Suite 400</p> <p>Street 601 North Fairfax St</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p><b>11 a Nature of such dealing</b></p> <p>Sit as a trustee of the National Stabilization Agreement of the Sheet Metal Industry</p>
	<p><b>11 b Approximate dollar value of such dealing</b></p>
	<p><b>12 a Nature of interest held or income received</b></p> <p>Expenses for attendance at trust fund meetings</p> <p>Expenses include air fares hotel ground transportation daily expenses</p>
	<p><b>12 b Amount</b> \$11 791</p>